

EXHIBIT D

Harleysville Mutual Insurance Company
 Processing Center
 355 Maple Avenue
 Harleysville, PA 19441-0002
www.harleysvillegroup.com

Harleysville.

LAYNE DREXEL
 1910 OLD CAPITOL TR
 NEWARK DE 19711

For assistance please contact your agent:
 S. T. GOOD INSURANCE, INC.
 at 800-531-1663

Dear Policyholder:

As a returning policyholder, we once again thank you for choosing us to handle your insurance needs and are pleased to have you as a customer. We trust the timely and professional service levels which we and your agent have provided in the past will enable us to retain you as a valued customer for many years to come.

We've changed the premium invoice to give it a new, easy to read format.

Your independent insurance agent's telephone number is shown above. Please refer to the reverse side of this statement for some additional important numbers you may need in the future.

Thank you for your business!

MPA812988 06/03 Commercial Package	1,376.00	278.20																																																		
*Installment Fee		\$5.00																																																		
Totals	1,376.00	280.20																																																		
*If other than One-Pay selected																																																				
<table border="1"> <thead> <tr> <th>Due Date</th> <th>One-Pay</th> <th>Two-Pay</th> <th>Four-Pay</th> <th>None-Pay</th> </tr> </thead> <tbody> <tr> <td>06/08/02</td> <td>\$1,376.00</td> <td>\$693.00</td> <td>\$349.00</td> <td>\$280.20</td> </tr> <tr> <td>07/08/02</td> <td></td> <td></td> <td></td> <td>\$142.60</td> </tr> <tr> <td>08/08/02</td> <td></td> <td></td> <td>\$349.00</td> <td>\$142.60</td> </tr> <tr> <td>09/08/02</td> <td></td> <td></td> <td></td> <td>\$142.60</td> </tr> <tr> <td>10/08/02</td> <td></td> <td></td> <td></td> <td>\$142.60</td> </tr> <tr> <td>11/08/02</td> <td></td> <td>\$693.00</td> <td>\$349.00</td> <td>\$142.60</td> </tr> <tr> <td>12/08/02</td> <td></td> <td></td> <td></td> <td>\$142.60</td> </tr> <tr> <td>01/08/03</td> <td></td> <td></td> <td></td> <td>\$142.60</td> </tr> <tr> <td>02/08/03</td> <td></td> <td></td> <td>\$349.00</td> <td>\$142.60</td> </tr> </tbody> </table>			Due Date	One-Pay	Two-Pay	Four-Pay	None-Pay	06/08/02	\$1,376.00	\$693.00	\$349.00	\$280.20	07/08/02				\$142.60	08/08/02			\$349.00	\$142.60	09/08/02				\$142.60	10/08/02				\$142.60	11/08/02		\$693.00	\$349.00	\$142.60	12/08/02				\$142.60	01/08/03				\$142.60	02/08/03			\$349.00	\$142.60
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**** Payment will determine Pay Plan Selected ****																																																				

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Please indicate account/policy number on check
 and make payable to Harleysville Insurance.

Insured: LAYNE DREXEL

Detach and return this portion with your payment

Account/Policy: MPA 812988
 DRE
 Current Balance: \$1,376.00
 Minimum Due: \$280.20
 Due Date: 06/08/02
 Minimum due must reach us by the due date

Amount Paid:

If your address has changed, please cross out the 'Y' below and write new address on back of stub.

BR 30

Y 7 4MPA812988 0137600 0028020 0028020

DR0603

Important Phone Numbers to Call

Claims Reporting	800-892-8877
Fraud Hotline	800-917-0055

We have a toll-free hot line so you can report cases of suspected fraud directly to our company's Special Investigation Unit (SIU). Simply call our fraud hot line -- any time of the day or night -- if you learn of a claim or policy that warrants the SIU's attention. All information will be kept strictly confidential.

GU-1184 (Ed. 6-99)

Please indicate any Name or Address changes below:
